

**STATE OF ARIZONA  
COURT OF APPEALS  
DIVISION \_\_\_\_**

IN THE MATTER OF:

\_\_\_\_\_,  
a minor  
[Use fictitious name if petitioner  
has so requested]  
\_\_\_\_\_

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CASE NO. \_\_\_\_\_

**PETITION FOR REVIEW**

1. I hereby petition for review from the decision of the Arizona Court of Appeals, Div. \_\_\_\_\_, dated \_\_\_\_\_.

2. I am aware that I am entitled to an attorney to represent me, at no charge to me, if I so choose.

3. \_\_\_\_\_ I request that an attorney be appointed to represent me in this matter, free of charge; OR

\_\_\_\_\_ I do not request a court-appointed attorney. I have personally chosen to represent myself, and not be represented by an attorney; OR

\_\_\_\_\_ I am represented by an attorney, as follows:

Name of attorney \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

4. If the court requires a hearing, I \_\_\_\_\_ will \_\_\_\_\_ will not appear \_\_\_\_\_ in person \_\_\_\_\_ by telephone. My telephone number is \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Petitioner's signature, using true name OR  
fictitious name OR initials)

**SUPERIOR COURT OF ARIZONA**  
**\_\_\_\_\_ COUNTY**

IN THE MATTER OF: \_\_\_\_\_,

a minor

**[Use fictitious name if petitioner  
has so requested]**

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CASE NO. \_\_\_\_\_

**NOTICE OF APPEAL**

1. I hereby appeal from the denial of my Petition to Authorize Physician to Perform Abortion issued on \_\_\_\_\_ by Judge \_\_\_\_\_ of the \_\_\_\_\_ Superior Court.
2. I am aware that the Court will appoint an attorney to represent me, at no charge to me, if I so choose.
3. \_\_\_\_\_ I request that the Court appoint an attorney to represent me in this matter, free of charge; OR  
  
\_\_\_\_\_ I do not request a court-appointed attorney. I have personally chosen to represent myself, and not be represented by an attorney; OR  
  
\_\_\_\_\_ I am represented by an attorney, as follows:  
  
Name of attorney \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_
4. I \_\_\_\_\_ will \_\_\_\_\_ will not appear at the appellate hearing \_\_\_\_\_ in person \_\_\_\_\_ by telephone. My telephone number is \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Petitioner's signature, using true name OR  
fictitious name OR initials)

**STATE OF ARIZONA  
COURT OF APPEALS  
DIVISION \_\_\_\_**

IN THE MATTER OF:

\_\_\_\_\_

a minor

**[Use fictitious name if petitioner  
has so requested]**

\_\_\_\_\_

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CASE NO. \_\_\_\_\_

**NOTICE OF HEARING ON APPEAL**

1. Your hearing date is: \_\_\_\_\_.

2. The location of your hearing is:

\_\_\_\_\_ Arizona Court of Appeals, Office of the Clerk  
1501 W. Washington, Second Floor  
Phoenix, AZ 85007  
Telephone: (602)542-4821

\_\_\_\_\_ Arizona Court of Appeals, Office of the Clerk  
400 W. Congress, Second Floor  
Tucson, AZ 85701  
Telephone: (520)628-6954

3. The time of your hearing is: \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

Mailed/hand-delivered to  
petitioner/petitioner's attorney  
on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_

IN THE MATTER OF: _____, _____ a minor <b>[Use fictitious name if petitioner                  has so requested]</b>	) ) ) ) ) ) ) )	CASE NO. _____  <b>NOTICE OF HEARING ON APPEAL                  AND                  APPOINTMENT OF COUNSEL</b>
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- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

Mailed/hand-delivered to  
petitioner/petitioner's attorney  
on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_